

REPORT OF GARNISHMENT FAX COVER SHEET

The Field Office should complete this form and fax it along with a copy of the **entire** garnishment order to the jurisdictional Processing Center (PC). Do not mail order to PC
- Hold for 90 days and then destroy.

THE FOLLOWING 3 BOXES ARE FOR PC USE ONLY

TOEL1 CHECK TOEL2 GARNISH

MISROUTED GARNISHMENT ORDER FROM PC

PC CONTACT NAME & PHONE #

MBR SOCIAL SECURITY NUMBER _____

TO: PROCESSING CENTER (PC) _____ [Check a current MBR for PC jurisdiction]:

To locate PC FAX number, go to the garnishment fax numbers listed at:
http://kcnet.kc.ssa.gov/psc_contacts/index.htm

FROM: FIELD OFFICE (FO) CODE _____

FO EMPLOYEE CONTACT NAME AND PHONE # _____

FO RECEIPT DATE OF GARNISHMENT ORDER ____/____/____

DATE ADVANCE NOTICE SENT TO CLAIMANT BEING GARNISHED
____/____/____

BENEFICIARY NAME _____ BENE PIC _____

BENEFICIARY DATE OF BIRTH ____/____/____

(CIRCLE IF APPL.) NEW CASE, REVISED ORDER, TERMINATION, RETRO BENEFITS DUE

ADDITIONAL COMMENTS: